



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
LENDIO	DAROLYN	H.	(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCorriston Miller Mukai MacKinnon LLP			(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
24 Hour Fitness, USA Inc.	(925) 543-3100	
MAILING ADDRESS (Street)	FAX	
12647 Alcosta Blvd. Ste.500	(925) 543-3200	
(City)	(State)	(Zip Code)
San Ramon	CA	94583
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Joseph Freschi	925-543-3347	
MAILING ADDRESS (Street)	FAX	
12647 Alcosta Blvd. Ste.500	925-543-3358	
(City)	(State)	(Zip Code)
San Ramon	CA	94583

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Danlyn H. Funder
(Signature of Lobbyist)

1/31/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Joseph Freschi		VP & Asst. General Counsel	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
24 Hour Fitness USA, Inc.		(925)543-3347	
MAILING ADDRESS (Street)		FAX	
12647 Alcosta Blvd. Ste.500		(925)543-3358	
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u><i>[Signature]</i></u> (Signature of Authorizing Officer or Person Represented)		<u>1/16/03</u> (Date)	